

**Issue Classification**

(Assistant Examiner) (Date)

Shawn S/O  
(Legal Instruments Examiner) (Date)

*Grand*      5/4/04  
(Primary Examiner)      (Date)

**Total Claims Allowed:** 6

O.G. Print Claim(s)	O.G. Print Fig

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47				
Final	Original			Final	Original			Final	Original			Final	Original			
1	1				31				61				121			181
2	2				32				62				122			182
3	3				33				63				123			183
4	4				34				64				124			184
<del>5</del>	<del>5</del>				35				65				125			185
5	6				36				66				126			186
6	7				37				67				127			187
	8				38				68				128			188
	9				39				69				129			189
	10				40				70				130			190
	11				41				71				131			191
	12				42				72				132			192
	13				43				73				133			193
	14				44				74				134			194
	15				45				75				135			195
	16				46				76				136			196
	17				47				77				137			197
	18				48				78				138			198
	19				49				79				139			199
	20				50				80				140			200
	21				51				81				141			201
	22				52				82				142			202
	23				53				83				143			203
	24				54				84				144			204
	25				55				85				145			205
	26				56				86				146			206
	27				57				87				147			207
	28				58				88				148			208
	29				59				89				149			209
	30				60				90				150			210